ARIZONA STATE	BOARD OF HEALTH State File No. 201
1. PLACE OF BIRTH BUREAU OF V	TTAL STATISTICS Registered No. 4
	TIFICATE OF BIRTH . RESISTERED NO.
County Aul	State Urigona
District or Township	or Village
Miani 120 Hr	Anna I la maria
	a hospital or institution, give its NAME instead of street and number
2. Full name of child Dolones Lan	If child is not yet named, make
3. Sex of Child To be answered ONLY) 4. Twin, triplet or other	
Gil in event of plural _ 5. No., in order of b	of birth lane 25. 195e
FATHER 1	14. MOTHER
Full name Francisco Lara.	Full traiden name analla alra -
9. Residence (Usual place of abode) 135 - Survey Canon	15. Residence (Usual place of above) 135 Ecora C
If non-resident, give place and state. Clay look	If non-resident, give place and state.
10. Color or race	16. Color or race
11. Age at last birthday 25 Years)	Tr. Age at last birthday 17 (Years
	0'
12. Birthplace (city or place)(Letela Ca)	18. Birthplace (city or place)
(State or country)	(State or country) max
13. Occupation	19. Occupation Houseway
Nature of Industry	Nature of Industry
20. Number of children of this mother	ve and now living 21. Were precautions taken against onh
(Taken as of time of birth of child herein (b) Born ali	ve but now dead thalmin neonatorum?
·	ING PHYSICIAN OR HIDWIFE
I hereby certify that I attended the birth of this child, who was	Aron alive or stillborn) on the date above stated
or midwife, then the father, householder, etc., should make this return. A stillborn	loyul In . Oron a.D.
hild is one that neither breathes nor shows other evidence of life after birth.	(Physician or-midwife.)
Given name added from a supplement! report	Mami, Misons,
Month, day, year	30 (3) H Z Z .
Filed Registrar.	Registrar.
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